

## WRITE-UP FROM THE OCTOBER 5, 2016 LPN TRC MEETING

### Presentation of the Proposed Amendment Promised at the Previous Meeting on September 7, 2016:

Board of Nursing representative Karen Weidner, RN, submitted a document detailing the applicant group's proposed amendment to their original proposal. Ms. Weidner commented on this document as a 'plan' for addressing concerns about the need to ensure that all LPNs are qualified to provide the proposed expanded LPN scope of practice. Ms. Weidner also commented on a second document submitted to the Committee members wherein the applicants attempted to show how their proposal satisfies each of the six scope of practice criteria.

Ms. Weidner described the proposed amendment ('plan') as follows:

The objective: A five year transition plan for all LPNs to have the same basic IV therapy knowledge whereby all LPNs will have met the requirements within five years after the proposal passes.

The Plan: A two-pronged approach, knowledge for all, and skills for those who will utilize them in clinical settings for any LPN graduating prior to 2016:

#### ***Theory / didactics: (Mandatory for all LPNs)***

- 1) Didactic 8-10 contact hours
  - a) Legal issues in IV therapy
  - b) Peripheral IVs
  - c) Current practices with central lines
- 2) Traditional classroom or online
- 3) LPNs would send a transcript of this course to the Department with their license renewal

#### ***Clinical: (Mandatory ONLY for LPNs who practice the IV skills)***

This would be handled via a competency assessment approach by employers. Current examples include: ACLS certification and the PALS certifications. Only LPNs who utilize IVs as part of their practice would need an IV certification. The IV certification would stay with the licensee as they move from one employer to another. Employers generally do initial and annual competency evaluations on all licensees.

Providers: For both theory and or skills education

- a) Community colleges
- b) Large employers
- c) Annual LPN association meeting

d) Other: The proposal would include the identification of 1 or 2 pilot facilities

Cost:

8-10 hours of didactics / theory: 80 to 200 dollars

Skills lab: This could be site specific as, for example, at the facility of a large employer or at a community college or at a professional meeting. Fees for these are often about 100 dollars.

**Committee Discussion on the proposal and the proposed amendment:**

After the presentation of the proposed amendment Ms. Pfeil asked Ms. Weidner to summarize what IV therapy consists of in the context of LPN services. Ms. Weidner replied that this consists of peripheral IVs and extremities, IV medications, central lines, and catheterization procedures. Ms. Pfeil then asked how the proposal would serve the needs of patients in rural areas. Ms. Weidner replied that the proposal would cut costs and delays associated with the services in question for patients in rural areas, adding that patients in rural areas would benefit from increasing the number of LPNs qualified to provide IV services.

Mr. Holt asked Ms. Weidner to comment on nursing compacts among various states. Ms. Weidner replied that these compacts are like 'gentleman's agreements' but that these agreements have statutory authority and that common standards of training and practice are required by the terms of these agreements. The same rules are to be followed within all states that are members of a given compact.

Mr. Greenfield commented that the applicants' proposed amendment looks like a good plan, but that he has some concerns about its potential impact on rural areas and for assisted living facilities, and that he also has concerns about the five-year long time frame for completing the grandfathering provision because there would be many LPNs who would suddenly be allowed to do the work associated with providing IV services who as yet would not have the necessary education and training.

Mr. Temme asked the applicants what they mean by 'pilot facilities'. Ms. Weidner replied that community colleges are good examples of pilot facilities. Mr. Temme commented that there are about six thousand LPNs 'out there' who would in effect be approved to provide the services in question five years prior to the deadline for completing the requisite education and training, and then asked the applicants if this might be a significant risk to public health and safety. Ms. Weidner replied that the existing nursing curriculum is already covering the topics included in the proposal and that there should not be a significant risk to public health and safety during the five-year grandfathering period. Mr. Temme then asked if there is an evaluation process for LPNs already in place in employment settings in Nebraska. Ms. Weidner replied that there is such a process and that evaluation processes such as these are required under Joint Commission (JTC) accreditation to ensure quality of care.

Regarding the education and training being proposed under the applicants proposal Ms. Parsow asked the applicants how they would get 'buy-in' from employers to provide such education and training. Ms. Weidner replied that there are a wide range of choices regarding the location of such education and training and that these choices include community colleges, for example, if a given employer is, for whatever reason, unwilling to participate. Ms. Parsow asked if JTC accreditation is required for all hospitals that would be providing the services in question. The applicants indicated that they were sure that this is the case. Mr. Holt interjected that this is not always the case with smaller, rural hospitals.

He went on to say that some of these hospitals are not under JTC accreditation. At this juncture Elizabeth Hurst, attorney for the Nebraska Hospital Association, commented that smaller, rural hospitals might not be JTC accredited but that they would operate under CMS accreditation, and that this should address concerns about the quality of the services in question. Mr. Holt replied that CMS accreditation is not the same as JTC accreditation, adding that the former is not as good as the latter.

Mr. Greenfield asked the applicants to discuss what would happen to those LPNs who have no intention of providing IV services. Would they also be required to complete all of the education and training requirements? The applicants replied that all LPNs would need to have the didactic portion of the education, but that those who do not seek to provide the services in question would not be required to take the clinical portion of the training. Ms. Parsow then commented that the proposal would need to deal with the mobility issues associated with LPNs moving from job to job across Nebraska, for example.

Mr. Temme asked if there is a standard curriculum across Nebraska for LPN education and training. The applicants responded that testing is standardized but there is no standard curriculum. Mr. Holt asked the applicants if all components of the proposal would be mandatory. The applicants replied that only the theoretical / didactic component would be mandatory. The clinical component would be voluntary unless you want to actually provide the services in question which under that circumstance would require completion of the clinical component. Mr. Holt then commented that this in effect would create two tiers of LPNs, those who do IVs and those who don't, all under the guise of one licensure process. Given this he asked the applicants how they planned to keep track of the whereabouts and activities of each of the members of each of these two categories of licensed LPNs. Mr. Holt went on to ask the applicants if they foresee a one-hundred percent completion rate for compliance with the proposal within five years. Ms. Weidner responded in the affirmative.

Ms. Eells asked whether or not private schools would be participants in the education and training programs under this proposal. Ms. Weidner replied that there is only one private school that provides the education and training in question and this school has already indicated that it is 'on-board' with the proposed education and training.

Ms. Pfeil asked the applicants where the clinical components of the training would be done. Ms. Weidner stated that this portion of the training could occur in community colleges or at employer location sites.

Ms. Parsow then asked why five years to complete the education and training? Ms. Weidner responded that the five year grandfathering period represents a balance between licensure renewal requirements and cost, time, and employment considerations. Ms. Parsow indicated that five years represents a long period of time to take to resolve these grandfathering issues and asked the applicants how they plan to deal with the potential harm associated with currently practicing LPNs who would suddenly be allowed to provide IV services once the proposal goes into effect but who as yet have not completed the necessary education and training to provide these services safely and effectively.

For the sake of clarity Ms. Parsow stated that the applicants need to insert the term 'mandatory' into the portion of their proposed amendment pertinent to the didactic element of the proposed education and to clarify that the clinical portion is voluntary unless the LPN in question wants to actually provide the services in question. The applicants indicated that they would make these changes in the wording of their amendment.

Mr. Holt commented that the amendment in question would not create the simplified, single level of LPN licensure that the applicants stated was one of their goals. Instead it would create a complex

bifurcated process whereby two subgroups of the LPN profession would coexist within the framework of a common LPN licensure category. He added that this credentialing situation would only add to the complexity of enforcing the requirements of the proposal if it were to pass rather than make it simpler and easier to enforce. Ms. Parsow interjected that the only way to simplify this situation would be to make all aspects of the proposed credential mandatory, adding that if you don't make it mandatory you're not solving the problems identified, and that she cannot support the proposal in its current form.

Ms. Weidner responded to Ms. Parsow by stating that the applicants are not willing to require all LPNs to do both the didactic and the clinical portions of the proposal. Those who indicate that they are not seeking to provide IV services should not have to incur the costs and the time lost from work associated with taking clinical training in something they chose not to provide in the first place. Mr. Greenfield commented that making it all mandatory would almost certainly result in at least some LPNs leaving the field, and that in all likelihood, assisted living facilities, nursing homes, hospice care, and home health services would take a hard hit if such a version of the proposal were to pass. Cindy Kadavy, senior vice president of the Nebraska Health Care Association, commented that cost is a significant concern for all LPNs, and that any additional training requirements are going to create hardships for them given their limited incomes, and that whatever additional training might be required for them to take should not go beyond the minimum necessary for safe and effective services.

Near the end of this meeting the committee members took a 'straw poll' of their membership to ascertain where each member stands vis-à-vis the proposed amendment as it is currently worded versus the idea of further amending it to make all education and training provisions mandatory for all LPNs. The results of this 'straw poll' are as follows:

Make it all mandatory

Ms. Lott

Mr. Holt

Ms. Parsow

Keep the amendment as currently worded

Mr. Temme

Mr. Greenfield

Ms. Pfeil

Ms. Eells